

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 571 500

FILING DATE

3-10-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1				
2						
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9	1					
10		1				
11		2				
12			1			
13				1		
14				1		
15				1		
16				1		
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18				1		
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44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	14	←		←
TOTAL CLAIMS			17			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

CSA